HANNAH M RUTLEDGE HOME/AGING

200 RRIBORISHER ASSESSED

300 BRIDGEWATER AVENUE

CHIPPEWA FALLS 54729 Phone: (715) 723-5566 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 78 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/02): 94 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 78 Average Daily Census: 82

************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 1.3 | Under 65 2.6 | More Than 4 Years No | Mental Illness (Org./Psy) 16.7 | 65 - 74 7.7 | Day Services No | Mental Illness (Other) 34.6 | 75 - 84 Respite Care 19.2 | Adult Day Care No | Para-, Quadra-, Hemiplegic 3.8 | 95 & Over 19.2 | Full-Time Equivalent Adult Day Health Care ---- | Nursing Staff per 100 Residents 0.0 | Congregate Meals No | Cancer 0.0 100.0 | (12/31/02) Yes| Fractures Home Delivered Meals 14.1 | 65 & Over 97.4 |-----No | Cardiovascular Other Meals 6.4 | ------ | RNs No | Cerebrovascular Transportation 2.6 | Sex % | LPNs No | Diabetes Referral Service No | Respiratory 6.4 | ------ | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 14.1 | Male 17.9 | Aides, & Orderlies 75.8 OZ. ---- | Mentally Ill ---- | Female 82.1 I Provide Day Programming for 100.0 I Developmentally Disabled No | 100.0 | ************************************

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other			Private Pay		Family Care			Managed Care							
Level of Care	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	ଚ	Per Diem (\$)	No.	ojo	Per Diem (\$)	No.	o _l o	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	2.2	119	0	0.0	0	1	3.0	132	0	0.0	0	0	0.0	0	2	2.6
Skilled Care	0	0.0	0	41	91.1	102	0	0.0	0	31	93.9	120	0	0.0	0	0	0.0	0	72	92.3
Intermediate				3	6.7	84	0	0.0	0	1	3.0	108	0	0.0	0	0	0.0	0	4	5.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		45	100.0		0	0.0		33	100.0		0	0.0		0	0.0		78	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	olo	As	sistance of	% Totally	Number of
Private Home/No Home Health	31.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.3	Bathing	3.8		82.1	14.1	78
Other Nursing Homes	31.6	Dressing	25.6		53.8	20.5	78
Acute Care Hospitals	26.3	Transferring	29.5		51.3	19.2	78
Psych. HospMR/DD Facilities	0.0	Toilet Use	29.5		51.3	19.2	78
Rehabilitation Hospitals	0.0		71.8			11.5	78
Other Locations	5.3	******	*****	*****	******	******	******
Total Number of Admissions	38	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Exter:	nal Catheter	3.8	Receiving Resp	iratory Care	9.0
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	48.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	9.0	Receiving Suct	ioning	0.0
Other Nursing Homes	7.0	_			Receiving Osto	my Care	1.3
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	5.1	Receiving Mech	anically Altered Diet	s 24.4
Rehabilitation Hospitals	0.0	. <u> </u>			,	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	93.0	With Pressure Sores		2.6	Have Advance D	irectives	97.4
Total Number of Discharges		With Rashes		2.6	Medications		
(Including Deaths)	43				Receiving Psyc	hoactive Drugs	76.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************************ Ownership: Bed Size: Licensure: Nonprofit 50-99 Skilled This All Peer Group Facilities Facility Peer Group Peer Group 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 86.3 87.5 0.99 87.1 0.99 85.3 1.01 85.1 1.01 Current Residents from In-County 80.8 79.3 81.5 81.5 0.99 1.02 0.99 76.6 1.05 Admissions from In-County, Still Residing 50.0 21.8 2.30 20.0 2.50 20.4 2.45 20.3 2.46 Admissions/Average Daily Census 46.3 152.3 0.30 146.1 0.32 133.4 0.35 124.6 0.37 Discharges/Average Daily Census 52.4 129.0 0.41 153.5 0.34 147.5 0.36 135.3 0.39 Discharges To Private Residence/Average Daily Census 0.0 50.5 0.00 67.5 0.00 63.3 0.00 56.6 0.00 Residents Receiving Skilled Care 94.9 94.7 1.00 93.1 1.02 92.4 1.03 86.3 1.10 Residents Aged 65 and Older 97.4 96.2 95.1 1.02 92.0 1.06 87.7 1.11 1.01 Title 19 (Medicaid) Funded Residents 57.7 56.7 0.98 63.6 0.91 67.5 0.86 1.02 58.7 Private Pay Funded Residents 42.3 32.8 1.29 30.0 1.41 24.0 1.77 21.0 2.01 Developmentally Disabled Residents 1.39 1.3 0.5 2.40 0.9 1.2 1.09 7.1 0.18 Mentally Ill Residents 51.3 35.5 33.0 1.55 36.2 1.42 33.3 1.54 1.44 General Medical Service Residents 0.59 23.2 0.61 22.5 0.63 14.1 23.8 20.5 0.69 Impaired ADL (Mean) 42.6 50.4 0.84 47.7 0.89 49.3 0.86 49.3 0.86 Psychological Problems 76.9 54.7 1.41 54.9 1.40 54.7 1.41 54.0 1.42 5.0 6.2 6.7 0.74 7.2 0.69 Nursing Care Required (Mean) 6.9 0.72 0.80